Guide to Reviewing International Immunization Records

Understand the Context

- According to U.S. Census data, 15% of people in Washington were born outside the United States.
- Newly arrived individuals may present with immunization records from various countries, which may have different vaccine requirements, schedules, and intervals.
    - Immigration-associated immunization requirements differ based upon immigration pathway. Immigrants must show proof of having age-appropriate vaccinations or immunity for a list of diseases.
    - US-bound refugees are not required to receive vaccinations before arrival in the United States, so may not be fully up to date with Advisory Committee on Immunization Practices (ACIP)-recommended immunizations at arrival. However, many new arrivals receive some age-appropriate vaccinations through the overseas Vaccination Program for US-Bound Refugees.

Did you know? Many recent immigrants have received vaccines given by a U.S. appointed panel physician abroad before U.S. entry. This USCIS paperwork is separate from their childhood immunization card and parents often have a copy.

- At the first health visit, clinicians should review all available vaccine records, perform any testing, and update or revaccinate, as appropriate.
    - Review the WA Immunization Information System (WAIIS) for immunization information. For people coming through the US Refugee Admissions Program process, their immunization information will be available through WAIIS.
- Vaccine doses administered outside the United States should be accepted as valid, if schedules and doses are compatible with ACIP recommendations.
- Ensuring individuals arriving from outside the U.S. have accurately translated immunization records and are up-to-date on vaccines can help prevent the spread of infectious diseases.

Key Principles for Review

Accept Records That Are:	Do NOT Accept Records That Are:

• Written in another language
• If a record is not in English or cannot be translated into English, then request a translated version.
• Legible and include:
  ○ Patient name and D.O.B.
  ○ Vaccine name or abbreviation
  ○ Date of administration **(most countries will state date as**
	• Vague (e.g., “up to date”)
	• Missing specific dates or the date is not legible
	• Not medically verifiable, such as a record filled out by a parent or guardian
	• Verbal reports of immunization

day/month/year) ○ Name and credentials of provider and/or lot number (if available) ○ Facility or clinic name	

Check for Valid Doses

Use U.S. ACIP Guidelines:

1. **Ensure correct minimum age at vaccination.** Examples include:
   - Many countries provide the first dose of measles at 9 months of age. That dose does not count toward the MMR series in the U.S., and those children still require two doses on or after the 1st birthday separated by 28 days.
   - MMR dose #2 given before age 4 years and after 12 months of age is valid as long as 28 days have elapsed since dose #1.
   - MenACWY given before age 10 years needs to be repeated at 11-12 years to be counted as valid in the U.S.
   - If the final dose of hepatitis B (dose #3 or 4) is given before 24 weeks of age, the dose needs to be repeated to count toward the final series in the U.S.
   - Note the age at vaccination for each dose as it may affect the number of doses needed. Example: A 4th dose of IPV is not needed if the 3rd dose was given at age 4 years and older, and at least 6 months after the last dose.
2. **Confirm appropriate intervals between doses**
   - Example: A minimum of 4 weeks between live vaccine doses.
   - Verify the total number of doses matches U.S. standards.
3. **Note different overseas vaccine formulations**
   - Children who have received measles vaccine without rubella or mumps components will need two doses of MMR.
   - In April 2016, the oral polio vaccine (OPV) was changed from a trivalent to a bivalent formulation to decrease the risk of vaccine-associated paralytic disease.
     - Any OPV given on or after April 2016 is invalid in the U.S. and will not count towards the child's required polio series. Inactivated polio intramuscular vaccine (IPV) doses are needed to replace invalid OPV doses.
     - If it is not noted in the overseas record whether the formulation of polio given was oral or intramuscular, then record it as OPV-trivalent (if before 04/01/2016) or OPV-bivalent (if on or after 04/01/2016) and revaccinate with IPV as needed to complete the U.S. series.
     - Review Polio Vaccine Documentation in the WAIIS for more information.
   - Use **CDC Catch-up Schedules** to help with revaccination.

> **Keep in Mind:** Most overseas "pentavalent" formulations contain DTaP, hepatitis B, and *haemophilus influenzae* type b (Hib). However, some "pentavalent" formulations contain DTaP, IPV and Hib. Double check the definition, often located at the bottom or on the back of the vaccination card. Also see vaccinations used in other countries at WHO Immunization Data portal - All Data.

4. **Match Foreign Vaccines to U.S. Equivalents**
   - Use the **Immunize.org** and **CDC Pink Book** translation tables.

- **Examples:**
  - BCG = Tuberculosis (not routinely used in U.S.)
  - DTP/DTwP=DTaP equivalent
  - Rouvax/Priorix = MMR equivalents

Act Based on Record Review

If Records Are Not Available:

- Check WAIIS first. For refugees, records may be available through refugee medical screening.
- Restart the series per the U.S. immunization schedule, providing all necessary age-appropriate vaccines. Repeating vaccinations is an acceptable option that is safe and prevents the need to obtain and interpret serologic tests.

If Records Are Complete and Valid:

- Continue with U.S. routine vaccinations.

If Records Are Incomplete:

- Do not restart the entire series.
- Use the ACIP catch-up schedules to provide missing immunizations.
- Revaccination is safe and preferred over under-immunization.

Use Additional Clinical Judgment

- Accept documented history of disease when reliable (e.g., varicella).
- Consider **serologic testing** for:
  - **Hepatitis A/B:** Positive hepatitis A IgG and hepatitis B surface antibody (anti-HBs) tests indicate immunity from natural disease or vaccination.
  - **Varicella:** Positive varicella IgG indicates immunity by natural disease or vaccination.
  - **MMR:** Positive IgG antibodies to measles, mumps, and rubella

Document Carefully

- **Attach any relevant titers/serology** to the child's health assessment form or vaccine records. For example, include titer results or indicate if the child is immune by serology or natural disease.
- **Enter overseas vaccines into the EMR or WAIIS.** Review the Documenting Historical Vaccinations in the WAIIS for more information.
- **Schedule follow-ups:** Arrange a vaccine follow-up before the patient leaves the office and note "Catch-up vaccination initiated; follow-up scheduled on [date]" on the child health form.

Additional Resources

- Children's Hospital of Philadelphia Interpreting Foreign Immunization Records and Immunizing Newly Immigrated Populations
- CDC Refugee Health Immunization Guidance
- General Best Practices for Immunization Persons Vaccinated Outside the US
- Minnesota VaxRef to Translate Immunization Records
- Nashi Immigrants Health Board Vaccination Translation Resource
- Ukraine Vaccine Record Interpretation

- Understanding Immunization Records from Outside the United States Public Health Seattle & King County
- Viral Hepatitis | Immigrant and Refugee Health | CDC
- World Health Organization's Immunization Data portal - All Data for vaccine schedules

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